PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1885, no persons are required to respond to a collection of information unless R displays a willd OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Numb r	09/723,326	
	Filing Dat	November 28, 2000	
	First Named Inventor	WEBSTER	
	Art Unit	1636	
	Examiner Name	MCKELVEY, TERRY ALAN	
	Attomey Docket Number	8002-1	

i hereby revoke all previo	ous powers of attorney given in	the above	-identified appli	cation	•
A Power of Attorney	is submitted herewith.				
OR	practitioners associated with the	Customer N	Number:		
The address ass Customer Numb		ove-identific	ed application to:		
Firm or Individual Name	TOTANILL FA. RIM. PH.D., ESG.				
Address					
Address	222 LAKEVIEW VENUE, SUITE #800			- in	
City	WEST PALM BEACH	State	FLORIDA	Zip	33401-6112
Country	U.S.A.				.I
Telephone	(561) 838-4500	Fax	(561) 514-3412	•	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	SIGNATURE of Applicant o	r Assignee	of Record		
Name Keith	4. Webster Ph	Ŋ.			
Signature \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12		· · · · · · · · · · · · · · · · · · ·		
Date 04/26/	04	Telephor	1207 6) 43	6779
NOTE: Signatures of all the Inventors signature is required, see below.	or essignees of record of the entire interest or th	eir representativ	re(s) are required, Subm	it multiple	forms if more than one
Total of 2 forms	are submitted.				

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-P1 0-9199 and select option 2.

PTO/SB/81 (09-03)

		Approved for use through 11/30/2005, OMB 0651-00
	U.S. Patent a	nd Indomes Office IIC DEBARTIES OF COLUMN
Under the Paperwork Reduction Act of 1995, no persons are requi	red to recover to a collection of	of information unless 3 displays a valid on the Committee
1040	tod to respond to a consciplin	ATTRIBUTING DUISES IT GISDIAAS & ASIIG CIVIS COULD URIUP
	Application Number	09/723.326
		1 42/17/3 37/0

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	09/723.326
Filing Date	November 28, 2000
First Named Inventor	WEBSTER
Titlo	MOLECULAR SWITCH FOR REGULATIN
Art Unit	1636
Examiner Name	MCKELVEY, TERRY ALAN
Afformey Docket Number	8002-1

			AGE INGS	11Del 8002-1	
I hereby appoint:					
Practitioners associated OR	l with the Customer Number:				
Practitioner(s) named be	elow:				
	Name	<u>. </u>		Registration	Number
STANLEY A. KIM, Ph.D)., ESQ.			42,73	30
AMY A. OSTROM, Ph.I	D.			52,0	
JORDAN NEWMARK,	ESQ.			50,09	
ROBERT M. SCHWAR				29.85	54
as my/our attorney(a) or agent(Trademark Office connected th	(s) to prosecute the application iden perewith.	ntified above, a	nd to tr	ansact all business	in the United States Patent and
Please recognize or change the	e correspondence address for the a	above-Identified	d applic	ation to:	
The address associate	ted with the above-mentioned Custo	omer Number.			,
OR					
The address associate	ted with Customer Number;				
OR					
Firm or Individual Name	STANLEY A. KIM, Ph.D., ESQ.				
Address	RUDEN, McCLOSKY, SMITH, SC		USSEL	L, P.A.	
Address	222 LAKEVIEW VENUE, SUITE #				
Country	WEST PALM BEACH		State	FLORIDA	Zip 33401-6112
Country Telephone	U.S.A.		- 		
I am the:	(561) 838-4500		Fax	(561) 514-3412	
Applicant/Inventor.	Applicant/Inventor.				
Assignee of record of a Statement under 37 Cl	the entire interest. See 37 CFR 3.7 FR 3.73(b) is enclosed. (Form PTO	′1. 2/\$ <i>B/</i> 96)			
SIGNATURE of Applicant or Assignme of Record					
Name Keith	A. Webster	Ph- 13.			
Signature What Olla					
1 34-1 A6/ O4		<u></u>			305 243 6779
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of 2 forms are submitted.					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Turne will vary depending upon the information the anticular case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chiof Information Officor, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO TMIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.